

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4	/					
5		/				
6						
7		/				
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TOTAL IND.	2					
TOTAL DEP.	16	→	→	→		
TOTAL CLAIMS	18	■	■	■	■	■

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS		■	■	■	■	■